U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E CS ST			
O. M.			
1. File Number U - 7070	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name George R Shepherdson	Name Iron Workers AFL-CIO LU 401		
	Labor Organization File Number 022-309		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 11600 Norcom Road	Street 11600 Norcom Road		
City Philadelphia	City Philadelphia		
State Pennsylvania ZIP Code + 4 19154	State Pennsylvania ZIP Code + 4 19154		
5. Position in labor organization. Business Agent			
Varieties pallineida con acusa con acusa y la convención de la convención	64644-WWW.Wilderdood.com (Michigan William) And American (Mich		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	Verant of the second of the se		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount,		
Street			
	galled Mr. announcement y the debute remains announcement of the Commission of the C		
City			
City  State  ZIP Code + 4			
State ZIP Code +4	nature		
State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the		
State ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	f Perjury and other applicable penalties of the law, that all of the information sying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)		
State ZIP Code + 4  SIgnature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing George Shepherdson	File	e Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10 If 9 h. or 9 c. is checked give trust or ampleyeds name	11,a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Iron Workers Local Union 401  Trade Name, if any: Apprentice Training Fund  P.O. Box, Bkdg., Room No., if any	Attendance at Apprentice Annual Awards Banquet 6/4/04.		
Street 11600 Norcom Road	11.b. Approximate dollar value of such dealing. \$103		
City Philadelphia  State Pennsylvania ZIP Code + 4 19154	12.a. Nature of interest held or	Security of the security of th	
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	12.b. Amount.	And an annual state of the stat	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,		